



Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) Health Care Provider () Injured Employee () Insurance Carrier

Requestor's Name and Address:

Dr. David Rabbani

7447 Harwin, Ste. 190

Houston, TX 77036

MDR Tracking No.: M4-06-5859-01

Respondent's Name:

Hartford Underwriters Insurance

Rep. Box # 27

Inc.

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary as listed on the Table of Disputed Services: "Fee Guideline."

- Principle Documentation:**
1. DWC 60 package
 2. CMS 1500's
 3. Explanation of Benefits (EOBs)
 4. Medical Reports

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary

None submitted.

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	Denial Code	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
3-10-06	150	99214-25	1-7	\$105.45
TOTAL DUE				\$105.45

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Section 413.011(a-d) titled (Guidelines and Medical Policies), and Division Rule 134.202 titled (Medical Fee Guideline) effective August 1, 2003, sets out reimbursement guidelines.

1. This dispute relates to procedure/service that was billed under CPT code 99214 that was denied/reduced reimbursement by the insurance carrier based upon: "150 – Payment adjusted because the payer deems the info submitted doesn't support this lvl of srvc. Documentation reimbursement criteria for code 99213."
2. Per Commissioner's Bulletin #B-0006-06, "The CY 2005 conversion factor of \$37.8975 is to be used effective immediately when calculating MAR for services provided on or after January 1, 2006."
3. Per Rule 133.307(d), the request for medical dispute resolution was received in the Division on 5-15-06.
4. Based on Division Rule 133.307(d)(1-2), the only date of service eligible for review is 3-10-06.
5. CPT code 99214 is defined as "Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are

provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family." A review of the Requestor's report supports billed service per Rule 134.202.

6. The Requestor billed 99214 with modifier "-25" which is defined as "Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service (Hospital OPPS modifier)."

7. Per CMS-1500, the zip code 77036 is located in Harris County. The MFG MAR for CPT code 99214 in Harris County is \$105.45, this amount is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code 413.011(a-d)
28 Texas Administrative Code Sec. §134.1
28 Texas Administrative Code Sec. §134.202

PART VII: DIVISION DECISION AND ORDER

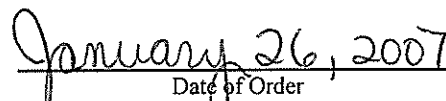
Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the Requestor is entitled to additional reimbursement in the amount of **\$105.45**. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 30-days of receipt of this Order.

Ordered by:


Authorized Signature

Elizabeth Pickle, RHIA

Typed Name


Date of Order

PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.